COUNTY OF MONTEREY
HEALTH DEPARTMENT
Elsa Jimenez, Director of Health

Administration
Behavioral Health
Clinic Services
Emergency Medical Services
Environmental Health/Animal Services
Public Health
Public Administrator/Public Guardian

June 2, 2017

ALL SAINTS CAMPGROUND WS
ATTN: GREG TROXELL
46896 HWY 1
BIG SUR CA 93920

CITATION LETTER, CITATION #17-026
ALL SAINTS CAMPGROUND WS, I. D. No. 2701503

Coliform Bacteria MCL Violations for **April 2017**
Repeat Bacteriological Monitoring and Reporting Violation for **May 2017**
Transient Noncommunity Water System

Dear Mr. Troxell,

Section 116650, Chapter 4 of Part 12 of the California Health and Safety Code (CHSC) authorizes the issuance of a citation for failure to comply with a requirement of Chapter 4 (California Safe Drinking Water Act), or any regulation, standard permit, or order issued thereunder. The Monterey County Health Department, Environmental Health Bureau (hereinafter EHB) under its Delegation agreement with the State Water Resources Control Board and pursuant to Section 116650 of CHSC, hereby issues this citation to the ALL SAINTS CAMPGROUND WS (hereinafter Water System) for violation of CHSC, Section 116555(a)(1) and Title 22, California Code of Regulations (hereinafter "CCR"), Sections 64426.1(b)(2) and Section 64424(a)(1).
Specifically:
Sections 64426.1(b)(2)

1. The Water System was in violation of the Total Coliform Maximum Contaminant Level (MCL) set forth in Section 64426.1(b)(2), Title 22, CCR for the month of April 2017. Specifically;
    a. In April 2017, 2 of the 7 samples collected were total coliform positive.

Section 64424(a)(1)

2. The water system is classified as a Transient-Noncommunity water system and does not normally collect more than 1 routine bacteriological sample per month during the season and therefore is required to collect at least four bacteriological samples within 24 hours of being notified of a routine coliform-positive result. EHB did not receive the required number of repeat samples during May 2017.

History
On April 5, 2017, the Water System notified EHB and the water system users that the water system failed the total coliform MCL. The Water System disinfected the system and started an investigation. The Water System notified users of the total coliform MCL failure and provided the proof of notification to EHB.

a. On May 9, 1 of the 4 samples was total coliform positive. EHB has not received any repeat samples. Therefore, EHB has determined that the Water System violated Title 22, CCR, Section 64424(a) during May 2017.

Directives
Pursuant to Section 116655 of the Health and Safety Code, the EHB hereby orders ALL SAINTS CAMPGROUND WS to do the following to ensure the water supplied by the Water System shall at all times be pure, wholesome, potable, and healthful:

1. The Water System shall comply with Section 64426.1 and Section 64424, Title 22, CCR in all future monitoring periods.
2. As required by Section 64426(b)(2), Title 22, CCR, the water system shall submit information on the status of physical works and operating procedures which may have caused the water quality failure. A Positive Coliform Investigation form has been attached to report your findings. Complete the form and submit a copy to EHB by **July 10, 2017.**
3. Additionally, Section 64424, Title 22, California Code of Regulations, requires that if one or more samples collected in a month is positive for total coliform bacteria, the water system shall collect at least five routine samples the following month. Therefore, five routine samples shall be collected during **June 2017.**

All submittals required by this order shall be addressed to:

Environmental Health Bureau
1270 Natividad Road
Salinas, CA 93906-3198

EHB reserves the right to make such modifications to this Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the Water System of its obligation to meet the requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

Parties Bound
This Citation shall apply to and be binding upon the Water System, its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.

Severability
The directives of this Citation are severable, and the Water System shall comply with each and every provision thereof notwithstanding the effectiveness of any provision.

Further Enforcement Action
The California SDWA authorizes EHB under its delegation agreement with SWRCB to: issue a citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any regulation, permit, standard, citation, or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes EHB to take action to suspend or revoke a permit

that has been issued to a public water system if the public water system has violated applicable law or regulations or has failed to comply with an order of EHB, and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of EHB. EHB does not waive any further enforcement action by issuance of this

If you have any questions, please contact me at (831)796-1299 or treffryns@co.monterey.ca.us.

Sincerely,

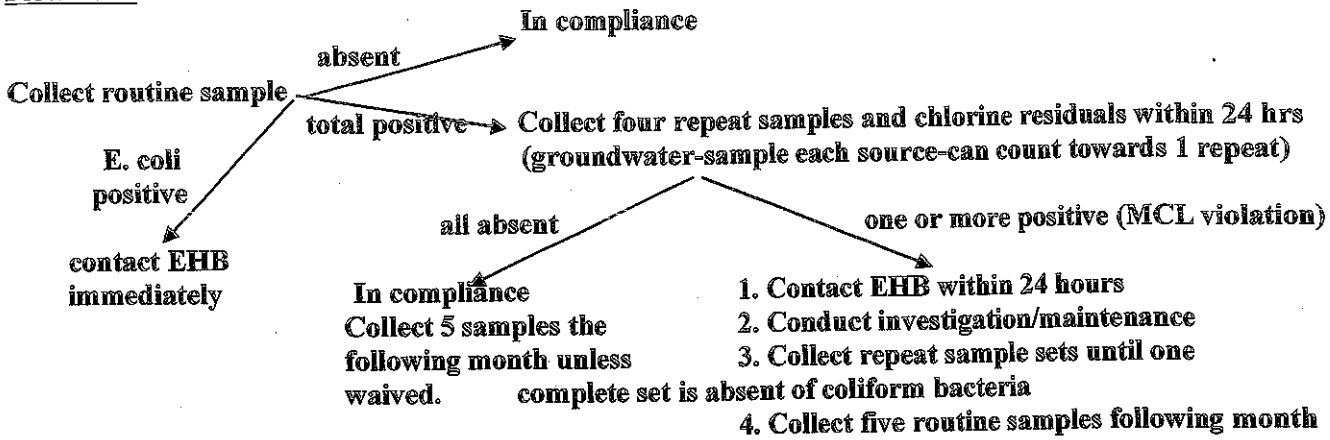
Nancy Treffry

Nancy Treffry, REHS
Environmental Health Specialist

CC: Cheryl Sandoval, Supervising Environmental Health Specialist
Ray Sanborn, Operator

Monterey County Health Department, Environmental Health Bureau
Bacteriological Monitoring Requirements

Flow Chart



DETAILS (See Title 22, California Code of Regulations)

Sampling Frequency-Routine Samples (section 64423)

Community and Nontransient-Noncommunity water system - minimum of one sample per month
Transient-Noncommunity water system – groundwater-minimum of one sample per quarter, except one sample per month in which 1,000 or more persons can be served by the water system
Transient-Noncommunity water system – surface water-minimum of one sample per month
If any samples are E.coli positive, the water system must notify EHB immediately.

Repeat Sampling Requirements – Required when Routine Sample is total coliform positive

The water system must require the laboratory to notify the system within 24 hours whenever any coliforms are present in a sample. A repeat sample set must be collected by the system within 24 hours of notification. This set must consist of at least four samples for each total coliform-positive sample and be collected in accordance with an approved sample siting plan. Generally, repeat samples shall be collected from:

- the site of the original positive (required),
- the well,
- the storage tank(s),
- another point in the distribution system within 5 service connections of the original positive
- Groundwater systems must sample each source-sample may count towards 1 repeat sample
- If well is E. coli/fecal positive, contact EHB within 24 hrs for New Groundwater rule guidance

This collection scheme is designed to identify the origin of the contamination. Systems with multiple wells and tanks may sample within 5 service connections upstream and downstream of the original positive or from combined well and tank taps, if available.

The samples shall be collected prior to disinfection of the water system and the water system shall be inspected by the water system during the sampling to identify any potential causes of the original positive sample. Chlorine residual readings shall be analyzed and reported for all repeat samples.

Maximum Contaminant Level Exceedance (MCL) (64426.1)

If one or more samples in the repeat sample set are total coliform-positive, the water system has exceeded the MCL for coliform bacteria and must notify this office within 24 hours. The system must investigate the cause of the positive samples and continue to collect a set of repeat samples until one set has no coliform positive samples. The system must also submit a report of findings including the following (64426):

- Current operating procedures that are or could potentially be related to the increase in bacterial count, such as main repairs or well work conducted without disinfection,
- System pressure loss to less than 5 psi,
- Potential cross connections,
- Physical evidence indicating bacteriological contamination of facilities (such as openings in the well casing, storage tank or evidence of animal activity in the vicinity of the well),
- Analytical results of any additional investigative samples collected, including well samples,
- residents' illness suspected of being waterborne.
- Records of the investigation and any action taken.

Follow-up Sampling
The water system must collect five routine samples the month following any total coliform sample (64424). May be waived if the Department conducts a site visit and determines why the sample(s) were positive and established that the problem has been corrected.

Additional Sampling Requirements
Samples for bacteriological testing must also be collected whenever either of the following conditions apply:
- loss of water pressure below 5 psig within the distribution system
- upon completion of construction, installation, or repair of wells, water mains, or storage facilities.

Samples are to be collected in accordance with an approved Sample Siting Plan (SSP). The sample must be tested by a laboratory certified by the State of California. The water system must direct the laboratory to submit copies of all required bacteriological monitoring directly to this office by the tenth day of the following month.

Collecting Bacteriological Water Samples

Collect samples at cold water faucets that are free of contaminating devices such as screens, aeration devices, hoses, point-of-use devices, or swiveled faucets. To prevent contamination, do not obtain samples from taps that leak around the valve stem and allow water to flow over the outside of the tap. Faucets must be high enough to put the bottle underneath without contacting the mouth of the container with the faucet.

Taking the sample:
1. Open the faucet and thoroughly flush the line for at least two to five minutes. The longer the water runs the better the chance of flushing out bacteria that may be in the building plumbing.
2. Reduce the flow until the water leaving the tap has a continuous, gentle flow without any turbulence.
3. Sterile containers provided by your laboratory must be used. Do not rinse the bottle prior to taking the sample. The powder in the bottle is sodium thiosulfate which inactivates any chlorine-based disinfectant. Be sure this substance stays in the bottle.
4. Remove the cap from the sample bottle and keep it in your hand facing down. Do not touch the inside of the cap or the bottle's inner surface as these actions can contaminate the sample.
5. Carefully place the sample bottle under the running water. Fill the bottle just to the fill-line; do not overfill the sample bottle or allow the water to splash.
6. Quickly replace the cap on the bottle and label the sample clearly. If samples cannot be delivered to the lab immediately, place samples in a cooler with cold packs. If ice is used, at no time should the sample container be immersed or submerged in the ice or melted ice water. The sample must be delivered to the laboratory within 24 hours from the time of collection.

POSITIVE TOTAL COLIFORM INVESTIGATION

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

ADMINISTRATIVE INFORMATION

PWS Name:		**PWSID NUMBER:**	
	Name	**Address**	**Telephone #**
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

INVESTIGATION DETAILS

SOURCE	**WELL (name)**	**WELL (name)**	**WELL (name)**	**WELL (name)**	**COMMENTS**
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. Does the well have a non-leaking check valve/foot valve to prevent water from draining back into the well from the distribution system?					
j. To what treatment plant (name) does this well pump?					
k. How often do you take a raw water total coliform (TC) test?					
l. Provide the date and result of the last TC test at this location					

TREATMENT	**PLANT (NAME)**	**PLANT (NAME)**	**PLANT (NAME)**	**PLANT (NAME)**	**COMMENTS**
1. If you provide treatment, what type and was there any equipment failure?					

POSITIVE TOTAL COLIFORM INVESTIGATION

STORAGE	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?					
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?					
3. Is the overflow on each tank screened?					
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?					
5. Is the roof/cover of the tank sealed and free of any leaks.					
6. Is the tank above ground or buried.					
a. If buried or partially buried, are there provisions to direct surface water away from the site.					
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?					
8. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?					
9. What is the **measured** chlorine residual (total/free) of the water exiting the storage tank **today**?					
10. What is the volume of the storage tank in gallons?					
11. Is the tank baffled?					
12. Prior to the TC+ or EC+, what was the previous date item #1-6 were checked and documented?					

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9 Do you have an active cross connection control program?	

POSITIVE TOTAL COLIFORM INVESTIGATION

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

BOOSTER STATION	SYSTEM RESPONSES
1. Do you have a booster pump? How many?	
2. Do you have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did your booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an **ext**erior location or is it protected by an **enc**losure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings. other contaminants or spray irrigation systems)				
7 Is the area around the sample tap free of excessive vegetation or other impediments to sample collection				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, sunny),				

POSITIVE TOTAL COLIFORM INVESTIGATION

GENERAL OPERATIONS:	SYSTEM RESPONSES
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. Did it rain between last date of coliform free sample(s) and date of current TC+/EC+ samples?	
5. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
6. What were the symptoms of illness if you received complaints about customers being sick?	

MONITORING ANALYSIS	SYSTEM RESPONSES
1. List the coliform monitoring results in the chart below?	
2. Does the data point to where the contamination is coming from? Is contamination spread throughout system, appear in well(s), appear only after storage tank(s), isolated to a pressure zone, appear only at one tap	
3. Has the system considered enumerating samples to help look for contamination hotspot?	
4. Is contamination reoccurring?	

Sample Date	Sample Location	Result	Chlorine Present	Comments

POSITIVE TOTAL COLIFORM INVESTIGATION

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?

CERTIFICATION: I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME:_____ **TITLE:**_____ **DATE:** _____